

City of Midland  
Midland Health Department  
Environmental Section  
3303 West Illinois, Space 22  
PO Box 4905  
Midland, TX 79704  
Phone (432) 681-7613  
Fax (432) 681-7634

## HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWAGE FACILITY

**OSSF Application Fee:** As of October 1, 2005 the permitting fee is **\$100.00** for each residential permit and **\$150.00** for each commercial permit

All fees are non-refundable and shall be paid by business/personal check, cashier's check, money order or cash.

1. Obtain an application from Midland Health Department.
2. Have appropriate individual perform mandatory site/soil evaluation.
3. Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.
4. Submit completed application and technical information sheets (in property owner's name). Include the appropriate fee, and the following:
  - 1) Planning Materials;
  - 2) Site And Soil Evaluation;
  - 3) Accurate Directions To The Site Must Also Be Included;
  - 4) Floodplain Permit Application for Midland County.
5. Plans and application will be reviewed by Midland Health Department staff. Non-standard system plans may be reviewed by TCEQ staff in Austin.
6. Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
7. Begin construction. An inspection of the installation is required before covering of the system. Contact our office at least **5 working days** in advance to arrange an inspection.

After a successful inspection, a Notice of Approval will be issued by the Midland Health Department OSSF Inspector.



Midland Health Department  
Environmental Section  
3303 West Illinois, Space 22  
P. O. Box 4905  
Midland, TX 79704  
Phone (432) 681-7613  
Fax (432) 681-7634

Permit # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

Check # \_\_\_\_\_

Tax # \_\_\_\_\_

New Installation ☐

Modification ☐

Aerobic ☐

ID 185012

1. Property Owners Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Permanent Mailing Address \_\_\_\_\_

3. Telephone Number During Day \_\_\_\_\_

4. Site Address \_\_\_\_\_

5. Legal Description: Sec \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_

Subdivision \_\_\_\_\_

Other than subdivision: Acreage \_\_\_\_\_ Survey \_\_\_\_\_

6. Source of Water: ☐ private well ☐ public water \_\_\_\_\_  
Name of Supplier

7. Single family residence: Number of bedrooms \_\_\_\_\_ living area \_\_\_\_\_ sq ft.

8. Commercial/institution (including multi family residences) \_\_\_\_\_

9. Site Evaluator \_\_\_\_\_ Certification# \_\_\_\_\_

10. Designer: \_\_\_\_\_ License # (PE or RS) \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

11. Installer: \_\_\_\_\_ Registration # \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

All related fees are non-refundable and shall be paid by personal/business check, cashier check, money order or cash.

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Midland Health Department to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with the on-site sewage facility rules.

X \_\_\_\_\_  
Signature of Property Owner Date

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

Name of Property Owner: \_\_\_\_\_ County: \_\_\_\_\_

Professional design required? ☐ Yes ☐ No If Yes, is professional design attached: ☐ Yes ☐ No

☐ Garbage disposal, ☐ Spa/Hot Tub, ☐ Water Softener

1. **Sewer (House drain):** Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_

2. **Daily wastewater usage rate: Q=** \_\_\_\_\_ **(gallons/day)**

**Water saving devices:** ☐ Yes ☐ No

3. **Treatment unit:** (Check One) ☐ Septic Tank ☐ Aerobic Unit

1) Tank Dimensions \_\_\_\_\_ Liquid depth (bottom of tank to outlet): \_\_\_\_\_

Size Required \_\_\_\_\_ Size Proposed: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Materials/Model#: \_\_\_\_\_

Pretreatment Tank: ☐ Yes ☐ No ☐ NA

2) Other \_\_\_\_\_ Please Attach Description

4. **Disposal system:** Type \_\_\_\_\_

Area Required: \_\_\_\_\_ Area Proposed : \_\_\_\_\_ Panels required: \_\_\_\_\_ Panels Proposed \_\_\_\_\_

5. **Additional information:**

**NOTE - This information must be attached for review to be completed.**

1) Site evaluation

2) Planning materials

3) Floodplain Permit Application

**The attached checklist details those items that must be addressed under each of these categories.**

X  
\_\_\_\_\_  
Designer's Signature Registration No. Date

If you cannot install the septic system and meet all of the requirements shown below, ***attach a signed variance form.***

### MINIMUM SET BACK AND INSTALLATION REQUIREMENTS (IN FEET)

From:	To Tank	To Drainfield	Yes	No
• Private Water Wells (Yours and Neighbors)	50	100	___	___
• Public Water Wells      50		150	___	___
• Water Lines	5	10	___	___
• Property Lines	5	5	___	___
• Streams and Ponds (including dry ones)	50	75	___	___
• Sharp slopes (with tank supported)	0	25	___	___
• Foundations	5	5	___	___
• Easements	1	5	___	___
• Soil Absorption System	5	20	___	___
• Swimming Pools	5	5	___	___
• All excavations are at least 3 feet apart?			___	___
• All excavations are 150 ft. or shorter?      ___				___
• Will step downs be installed?			___	___
• All excavations are a maximum 5 feet deep?			___	___

Use the attached sheet to sketch how you intend to install the septic system. You must indicate NORTH on the diagram and include the following:

1. Water well locations, both yours and the neighbors'
2. Proposed and existing structures
3. Fences and Easements
4. Proposed and existing water and service lines
5. Property lines
6. Length of all lines, solid and perforated
7. Existing and abandoned septic systems, cesspools, boreholes
8. Cleanouts: at foundation, at alignment changes, every 50 feet to tank
9. Distance from streams, ponds, lakes, and flood plain if applicable

## DRAIN FIELD CALCULATION

ABSORPTIVE AREA (A) =  $Q/Ra$ , where Q is the wastewater usage rate in gallons per day, Ra is the soil application rate in gallons per square foot per day.

Rock & Pipe-  $A = (L \times W) + 2 (L+W) \times 1.0 \text{ ft}$

Gravel-less pipe-  $L = A/(W+2)$ , determine appropriate drain field sizing, use a drain field width of  $W = 2.0$  feet for an eight-inch diameter gravel-less pipe, and an excavation width of  $W = 2.5$  for a ten-inch gravel-less pipe.

ET-  $A = 1.6 Q/Ret$ , Ret-net local evaporation rate in §285.91(7)TAC Ch 285

Leaching chambers:

w/o water saving devices  $L = 0.6A/(W+2) = \_\_\_ / \text{length of panels} = \_\_\_ \# \text{ of panels}$

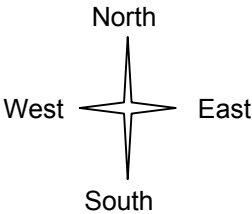
w water saving devices  $L = 0.75A/(W+2) = \_\_\_ / \text{length of panels} = \_\_\_ \# \text{ of panels}$

**\*\*NOTE: Do not multiply by .6 or .75 if doing a soil substitution\*\***

---

Show Calculations **\*\*Note: All calculations must be shown from beginning to end\*\***

Diagram Sheet



**All portions of the soil absorption field must be level.**

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration of the issuance of such permit, the said applicant will conform with all the provisions of Texas Construction Standard for Private Sewage Facilities, and with all orders that may be made from time to time by the Health Officer, and it is further stipulated and agreed that the Health Officer, or his representative, is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Construction Standards for Private Sewage Facilities.

It is further agreed that an inspection by the Midland Health Department must be made before backfill is done, and the permitting fee of \$100.00 for each residential permit or \$150.00 for each commercial permit will accompany this application for permit. This permit shall be valid for a period of one year.

Decisions and inspections relating to the installation of this septic system may be appealed by Administrative Hearing. Details may be obtained by contacting the Environmental Section of the Health Department.

If you are purchasing or refinancing this house, your mortgage company may require a certified water sample. The Health Department Laboratory can test the water sample for you.

X \_\_\_\_\_  
Signature of Homeowner

**No inspection will be scheduled for 24 hours following receipt of application to allow sufficient review time.**

Date of approval \_\_\_\_\_

Approved by Designated OSSF Inspector \_\_\_\_\_

Installer notified to begin construction by:

☐ Telephone      ☐ Office      ☐ Field      Date \_\_\_\_\_

Directions to site address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return this application to:

Midland Health & Senior Services  
Environmental Section      Phone  
3303 West Illinois, Space 22  
Midland, TX 79703

(432) 681-7613  
Fax (432) 681-7634  
P. O. Box 4905, Midland, TX 79704

## Midland Health Department OSSF/Site Evaluation

Date \_\_\_\_\_

Application Number: \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Property Location:

Lot \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Unincorporated Area? Yes or No

Additional Information \_\_\_\_\_

### Site Evaluator Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Installer Information:

Name: \_\_\_\_\_

Registration Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

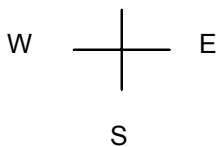
### Schematic of Lot or Tract

#### Show:

1. Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
2. Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
3. Location of soil borings or dug pits (show location with respect to a known reference point)
4. Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks. Note presence of 100 year flood zone.
5. Location of existing or proposed wells on site and existing wells on adjacent properties.
6. Lot size: \_\_\_\_\_ acre

Compass North

Site Drawing Scale: 1 inch = 50 feet/or appropriate



Site Evaluator:

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Cert.No. \_\_\_\_\_

Page

7 of 14



## Midland Health Department On-Site Wastewater System Checklist

Name of Owner \_\_\_\_\_ County \_\_\_\_\_

The following information must be included with the design package for review by the Texas Commission on Environmental Quality (TCEQ). Failure to include or address all of the following items may result in approval delays.

1. SITE EVALUATION: At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for soil absorption system, and shall be excavated to a depth of 2 feet BELOW the proposed trench, or to a restrictive horizon whichever is less.

Two copies of the test results and the drawing must be enclosed. The following information shall be included:

- 1) Soil texture analysis. List the texture type:
- 2) Soil structure analysis. List structure type.
- 3) Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drainfield shall be considered unsuitable)
- 4) Restrictive horizon evaluation
- 5) Groundwater evaluation
- 6) Topography
- 7) Flood hazard
- 8) Vegetation
- 9) Easements and bodies of water (lakes, watercourses, etc.) must be identified.
- 10) Location of all buildings (existing or proposed)
- 11) All separation distances identified in Table X must be shown.
- 12) All water wells on this site and neighboring properties.

2. PLANNING MATERIALS: Two copies of the construction drawing must be enclosed and should include the following information:

- 1) A detailed, legible site plan with boundary description (Aerobic systems require scaldrawing, legal description of the lot, an Affidavit to the Public, and Maintenance Agreement to be attached)
- 2) The location of all buildings (existing or proposed) on the site plan.
- 3) The size and location of the wastewater treatment units and disposal area (include width & depth). A cross section of the excavation must be included.
- 4) All water wells on this site and neighboring properties must be identified and located on the site plan.
- 5) Easements and bodies of water (lakes, watercourses, etc.) must also be identified.
- 6) All separation distances identified in Table X must be shown.

Name of Owner \_\_\_\_\_

Physical \_\_\_\_\_

Address \_\_\_\_\_

Name of Site Evaluator \_\_\_\_\_ Registration Number \_\_\_\_\_

Date Performed \_\_\_\_\_ Proposed Excavation Depth \_\_\_\_\_

1. At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on the site drawing.
2. For subsurface disposal, soil evaluations must be performed to a depth of at least 2 feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
3. Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number					
Depth (Feet)	Textural Class	Structure (If applicable)	Drainage Mottles/Water Table	Restrictive Horizon	Comments
-0					
-					
-1					
-					
-2					
-					
-3					
-					
-4					
-					
-5					
-					
-6					
-					
-7					

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

Signature of Site Evaluator \_\_\_\_\_

Date \_\_\_\_\_

# OSSF Soil Evaluation Form

Soil Boring Number					
Depth (feet)	Textural Class	Structure (If applicable)	Drainage Mottles/Water Table	Restrictive Horizon	Comments
-0					
-					
-1					
-					
-2					
-					
-3					
-					
-4					
-					
-5					
-					
-6					
-					
-7					

## Features of Site Area

- |    |   |          |         |
|----|---|----------|---------|
| 1. | Presence of 100 year flood zone                         | Yes ____ | No ____ |
| 2. | Presence of upper water shed                            | Yes ____ | No ____ |
| 3. | Presence of adjacent ponds, streams, water impoundments | Yes ____ | No ____ |
| 4. | Existing or proposed water well in nearby area          | Yes ____ | No ____ |
| 5. | Organized sewage service available to lot or tract      | Yes ____ | No ____ |

Site Evaluator:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ License No: \_\_\_\_\_

## Notice To Midland County Residents Outside Midland City Limits:

A floodplain permit is required for all types of development, new construction, major additions and improvements, mobile home placement, fill placement or changes to ditches and playa lakes.

Midland County is participating in the National Flood Insurance Program so that Midland County residents may obtain flood insurance. In this program, Midland County must enforce some regulations that will minimize flood damage potential in new developments. Therefore, By Court order, *all persons planning development in unincorporated Midland County must first obtain a floodplain permit.* Midland County has chosen the City of Midland Engineering Department to handle floodplain administration. To get a floodplain permit, go to:

Midland City Hall  
300 N. Loraine (NE Corner Loraine & Illinois)  
Engineering Department (5th Floor)

**OR**

Fax information on following page to:  
Adrienne Seal,  
Engineering Department  
(432) 683-1786.

Almost all loans for areas within a 100-year floodplain require flood insurance. For structures not built according to the Midland County floodplain management standards listed on the permits, this insurance may be extremely expensive or even be unavailable. Even for areas outside mapped floodplains, Midland County has adopted sensible requirements that will largely eliminate localized flooding.

For more information, call the City of Midland Engineering Department at 685-7286 and ask for Floodplain Information.

## FLOODPLAIN PERMIT FOR AREAS INSIDE THE 100 – YEAR FLOODPLAIN

Permit No \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

The following restrictions apply to construction or other development at this location. Failure to comply with these regulations may result in septic system permit being withheld, great difficulty in obtaining a loan on the property, extremely high flood insurance premiums, or ineligibility for flood insurance.

- ☐ If all or part of the property is located within a floodway, no development which would restrict the flow of water is permitted in the floodway. This includes structures, fill, and solid fences, among others. A site plan must be attached to this permit
- ☐ For residential structures, the elevation of the lowest floor (including basement) shall be a minimum of \_\_\_\_\_ feet m.s.l.
- ☐ For non-residential structures, the elevation of the lowest floor (including basement) or the elevation of flood proofing, shall be a minimum of \_\_\_\_\_ feet m.s.l.
- ☐ An elevation certificate signed by a registered surveyor or engineer must be provided to the county floodplain administrator. If the property is mortgaged, an elevation certificate will also be needed for insurance purposes.
- ☐ If a non-residential structure is flood proofed, a flood proofing certificate signed by a registered surveyor or engineer must be provided to the floodplain administrator.
- ☐ The water supply for the development must minimize inflows of flood waters. (For instance, case water wells to above the flood elevation given above and install check valve on inlet.)
- ☐ The sanitary sewage system must minimize inflows of flood waters and outflows of sewage into flood waters. (for instance, install check valve on sewer outlet and place septic field lines well away from drainageways.)
- ☐ All service facilities (heating, cooling, etc.) should be elevated to above the given above elevation.
- ☐ Mobile homes must be securely anchored to resist flotation.
- ☐ Comply with Health Department regulations for sewage facilities in a floodplain.

☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Midland County Floodplain Administrator (or assistant)

Your surveyor should return the completed elevation certificate to ~~City of Midland~~ <sup>City of Midland</sup>, P. O. Box 1152, Midland, TX or fax to (432) 683-1786.

**Instructions:**

1. Fax to ~~Call~~ at 683-1786 or take to Room 510, City Hall, 300 N. Lorraine
2. ~~Call~~ will fax back to Health Department for you when complete.
3. Call ~~Call~~ at 685-7286 if you have any questions or Planning Office at 685-7400 if plat is needed.

Midland County, Texas

**FLOODPLAIN PERMIT APPLICATION**

Application No. \_\_\_\_\_ Date: \_\_\_\_\_

Property Address \_\_\_\_\_

Legal Description \_\_\_\_\_  
 (Subdivided) Subdivision Sect. Lot Block

(Unsubdivided) Include survey name, block and section number, and acreage. Acreage

Other Description \_\_\_\_\_

Description of Work (check all that apply in first column and one in second column)

This permit is for:

Type of Land Use:

☐ New Building Construction☐ 1-4 Family Residential☐ Place Mobile Home☐ Other Residential☐ On-site sewage facility☐ Commercial☐ Addition to Existing Structure☐ Other☐ Improvements/Repairs to Structure☐ Platted Condition☐ Fill Placement☐ Yes ☐ No ☐ Call 685-7400☐ Change to Channel or Drainageway

By: \_\_\_\_\_

Planning Division , Date \_\_\_\_\_

NOTES: \_\_\_\_\_

Installer \_\_\_\_\_ Installer Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

**FLOODPLAIN DETERMINATION (Office Use only)**

Based on the best available information, the above property IS / IS NOT located within a special flood hazard area (100-year floodplain) on the effective FIRM. This property IS / IS NOT located within a regulatory floodway on the FIRM. Development of this property must be in accordance with the conditions set forth on the attached permit in order to minimize the chances of flood damage and to meet federal and local regulations.

(Zone \_\_\_\_\_, Panel \_\_\_\_\_ Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

Midland County Floodplain Administrator (or assistant)